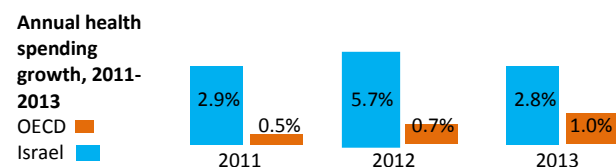


Israel has built a universal health system at relatively low-cost. Health spending was 7.5% of GDP in 2013, below the OECD average of 8.9% although the health spending share of GDP has been increasing rapidly, particularly in recent years. Israel has developed a sophisticated programme to monitor quality of primary care. While the Israel population enjoys good health outcomes and the health system performs fairly well, there are specific areas – health workforce and hospital care, in particular – where policy attention is needed.

## Raising out-of-pocket spending has implication for equity

### ► Health spending in Israel continues to grow strongly...

Israel spent 7.5% of GDP on health in 2013, compared with an OECD average of 8.9%. The share has increased rapidly from 2010 onwards.



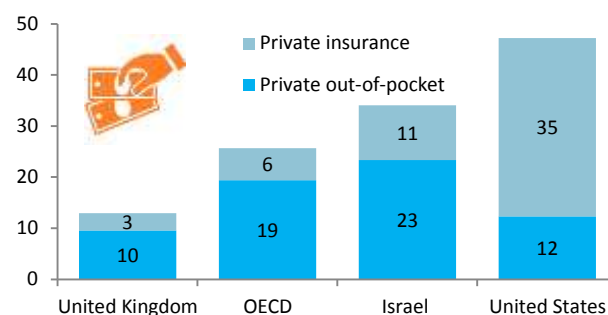
### ► ...mainly pushed by private spending growth

The strong growth in both 2012 and 2013 is the result of a rapid increase in out of pocket spending - averaging almost 10% over the two years. The share of government spending on health in Israel was just below 60% (as compared to the OECD average of 73%) in 2013.

There is evidence that those with low incomes currently forego treatment and medicines because of high out of pocket costs or because these are not covered under the benefit basket. Better safety nets for the poor could help ensure that financial barriers

do not prevent the sickest from using essential care.

Private spending as a share of current health expenditure, 2013



### » What can be done?

- Consider further increase in public spending for health to secure responsiveness and quality of the health system
- Strengthen efforts to limit co-payments to reduce the burden on households and improve financial protection for low-income families

To read more about our work:

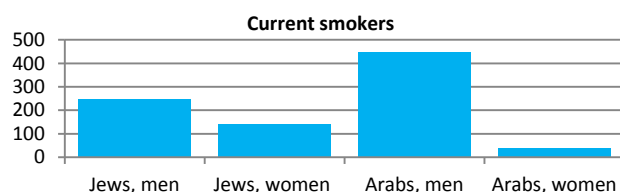
[Health at a Glance 2015](#)

[OECD Reviews of Health Care Quality: Israel 2012](#)

## Tackling inequalities in health and health care

### ► The Israeli health system has a complex picture of health inequality

Inequalities in health outcomes and access to health services have persisted in Israel. Israelis that are not Jews from poor socio-economic groups and those living in the north and south periphery regions experience worse health and have high risk factors.



### ► Regions with the greatest health care need are under-served by health care services

The areas with the most disadvantaged socio-economic group experience serious shortages in personnel,

equipment and beds. Initiatives to reduce geographical inequalities in health care capacity, as well as health promotion and preventive services for groups at risk of poor health, need be strengthened.

### » What can be done?

- Encourage the health funds to develop programmes for health promotion, education and to coordinate with government-run initiatives
- Improve the availability of healthcare services in the north and south periphery regions
- Systematically roll out public health programmes that target risk factors among disadvantaged groups

To read more about our work:

[Health at a Glance 2015](#)

[OECD Economic Survey of Israel 2016](#)

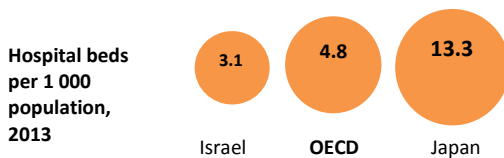
## Quality of primary care is high but hospitals are overcrowded

### ▶ Israel has a strong primary healthcare system

Israel has successfully built a high-quality primary care through changing the structure of supply such as promoting larger health clinics to gain economies of scale, and reorganising doctors working in the community into teams which allow them to deliver follow-up support, preventive activities and regular monitoring of health indicators of patients.

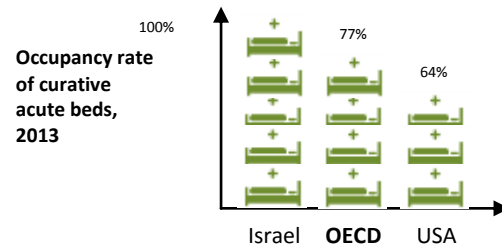
### ▶ Quality of hospital care is affected by a high occupancy rate of beds

Israel has very few hospital beds compared with the OECD average. This is accompanied by high hospital bed occupancy at 94%, far higher than OECD average at 77%. The government intends to add 7% more beds in the years 2011-16.



The combination of a very low number of acute beds per capita with extremely high occupancy rates suggests the

system may have gone beyond efficient to over-stretched in this dimension. Besides efforts to increase capacity, Israel should reconsider how health service delivery is organised to promote a more equitable and efficient use of resources to respond to the needs of the population.



### » What can be done?

- Improve co-ordination of care for patients across settings to further improve integrated care and increase standards of care
- Invest more in hospitals and apply incentives to reduce waiting times and workload

To read more about our work:

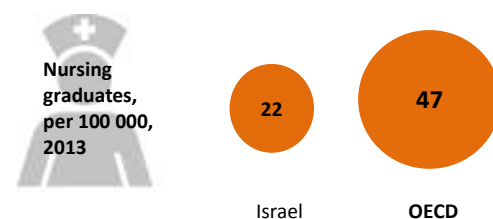
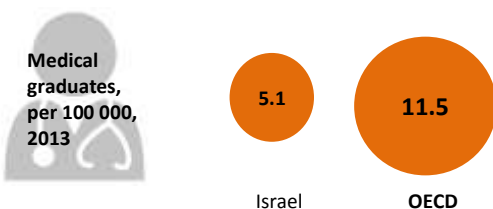
[Health at a Glance 2015](#)

[OECD Reviews of Health Care Quality: Israel 2012](#)

## Address future workforce needs

### ▶ Israel increased training capacities for doctors but still has the lowest number of new graduates relative to the population...

In 2013, Israel had 3.3 practicing physicians per 1000 population, slightly above the OECD average of 3.2. However, about half of them are aged 55 years and over and will retire soon. The number of nurses is already low, with around 5 nurses per 1000 population, well below the OECD average of 9.1.



Israel is expanding training capacity, but the number of new medical graduates in 2013 is still the lowest in OECD and the differences in pay between the private and public systems complicates the recruitment and retention of public doctors in the public sector. Further action is needed to address current and future shortage of health workers.

### » What can be done?

- Improve the training, recruitment and retention of staff, especially for physicians in primary care
- Explore options to shift tasks from doctors to nurses
- Facilitate the integration of foreign-trained professionals in the health workforce

To read more about our work:

[Health at a Glance 2015](#)

[OECD Economic Surveys of Israel 2016](#)

*Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.*